



Department of Public Health/ Department of Labor & Workforce Development

NOTIFICATION OF DELEADING WORK

All sections of this form must be completed in order to comply with
the notification requirements of M.G.L. C. 111§197,
454 CMR 22.00 and 105 CMR 460.000, as most recently amended

Contractor performing project _____ License # _____ Exp. Date _____

Lead Paint Inspector _____ Date of Inspection _____ License # _____ Exp. Date _____

ADDRESS OF PROJECT:

Street Address _____ Apt. Number _____

City _____ Zip _____

Property Owner _____ Address _____

Telephone Number _____

Deleading Method:	Wet/Dry Scraping	Heat Gun	Liquid Encapsulant
	Demolition	Caustics	Replacement
	Covering	Other	

If "Other" selected, please explain _____

Check one: Dwelling is multi-family _____ Single-family _____ Other _____

Start Date _____ Completion Date _____

When will work be done: AM _____ PM _____ (Specify times on site) Weekends? _____

Project Supervisor Name _____ License # _____ Exp. Date _____

Worker's Compensation Policy Number _____ Carrier _____

In case of emergency contact _____ Tel. # (_____) _____
(Contractor's Representative)

DELEADING CONTRACTOR

The undersigned hereby states, under the pains and penalties of perjury, that he/she has read and understood the Commonwealth of Massachusetts Deleading Regulations, 454 CMR 22.00, and the Lead Poisoning Prevention and Control Regulations, 105 CMR 460.000, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

Date _____ Signed _____

Company Name _____

Address _____

Telephone Number _____

OVER➡

In accordance with Massachusetts General Laws C. 111 §197, 454 CMR 22.00 and 105 CMR 460.000, notice of the date and method(s) of removal or covering of paint, plaster or other accessible materials containing dangerous levels of lead is to be provided and must be received by the following agencies, at least TEN (10) days prior to the beginning of deleading.

NOTIFICATIONS MAY BE FAXED.

1. Department of Labor, Lead Program, Division of Occupational Safety
399 Washington Street, 5th Floor, Boston, MA 02108 FAX: 617-727-7568
2. Director, Childhood Lead Poisoning Prevention Program
Department of Public Health, Donovan Health Building, 5 Randolph Street, Canton, MA 02021 FAX: 781-774-6700
3. Occupants of dwelling unit
4. All other occupants of the residential premises, if any
5. Local Board of Health/Code Enforcement Agency
6. Massachusetts Historical Commission (if premises are listed on the State Register of Historic Places, this notification must be made upon receipt of an Order to Correct Violations or at least 30 days prior to initiating preventive deleading)
220 Morrissey Blvd.
Boston, MA 02202
FAX (617) 727-5128

NOTIFICATIONS SHALL BE COMPLETED IN THEIR ENTIRETY, DATED AND SIGNED - INCOMPLETE NOTIFICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED BY THE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT.

PROPERTY OWNER (If owner or unlicensed owner's agent will be performing low-risk deleading work, complete the following):

Property Owner _____ Agent(s) _____

Address _____

Telephone Number ____ (____) - _____

I certify that I have complied with the training requirements of the Commonwealth of Massachusetts Lead Poisoning Prevention and Control Regulations, 105 CMR 460.175, for owner/agent low-risk abatement and containment. I further certify that I or my agent will be performing the following low-risk activities (I have circled all that apply):

applying liquid encapsulant	capping baseboards	removing doors, cabinet doors, shutters
applying exterior vinyl siding	covering surfaces	

I certify that all the information contained in this notification is true and correct to the best of my knowledge and belief.

Date _____

Signed _____